

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00082095		2 Total pages filed: 17	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.		FIRST Ramona L.		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/14/2019
	NICKNAME		LAST Thompson		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 2001 Cane Hill Dr. Frisco, TX 75034		ZIP CODE		Date Hand-delivered or Date Postmarked
	Receipt #		Amount		Date Processed
	Date Processed		Date Imaged		
	Date Imaged				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.		FIRST Ronald E.		NICKNAME LAST Thompson
	NICKNAME		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 2001 Cane Hill Dr. Frisco, TX 75034		APT / SUITE #; CITY; STATE; ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
	10/28/2018				12/31/2018
10 ELECTION	ELECTION DATE Month Day Year 11/06/2018		ELECTION TYPE		
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Representative District 106	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 17

13 C / OH NAME	Thompson, Ramona L. (Ms.)	14 Filer ID	(Ethics Commission Filers)
		00082095	

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 802.54
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,004.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 230.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,547.48

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Ramona L. Thompson

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 17

18 FILER NAME Thompson, Ramona L. (Ms.)	19 Filer ID (Ethics Commission Filers) 00082095
---	---

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 802.54
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 14,825.00
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,179.34
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/17
2 FILER NAME Thompson, Ramona L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00082095
4 Date 10/28/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass, Suzanne 6 Contributor address; City; State; Zip Code Frisco, TX 75034	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) none
Date 10/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becker, Karl Contributor address; City; State; Zip Code Roxbury Crossing, MA 02120	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Third Iron LLC
Date 11/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billings, Mary Contributor address; City; State; Zip Code FRISCO, TX 75035	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 11/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Tobin Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$4.55
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Williamson-Dickie Mfg. Co.
Date 11/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, kevin Contributor address; City; State; Zip Code Garland, TX 75043	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) transportation operator		Employer (See Instructions) DART

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/17
2 FILER NAME Thompson, Ramona L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00082095
4 Date 11/01/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, kevin 6 Contributor address; City; State; Zip Code Garland, TX 75043	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) transportation operator		9 Employer (See Instructions) DART
Date 10/31/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyson, Pam Contributor address; City; State; Zip Code Plano, TX 75025	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Licensed Professional Counselor		Employer (See Instructions) Self-Employed
Date 11/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Follansbee, Janet Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) retired
Date 11/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frisbie, Mark Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) T-shirt Sales
Date 11/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galloway, Toby Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$1.13
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Kelly Hart & Hallman LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/17
2 FILER NAME Thompson, Ramona L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00082095
4 Date 10/29/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia MD, Catalina E 6 Contributor address; City; State; Zip Code Dallas, TX 75382	7 Amount of Contribution (\$) \$4.55
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) self
Date 11/10/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Ceclia Contributor address; City; State; Zip Code Arlington, TX 76011	Amount of Contribution (\$) \$1.09
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) GonzalesLaborSystemsInc.
Date 11/03/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graviett, Thomas Contributor address; City; State; Zip Code Lewisville, TX 75067	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Systems Engineer		Employer (See Instructions) Experian PLC
Date 11/03/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebb, Judith Contributor address; City; State; Zip Code The Colony, TX 75056	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) College Professor		Employer (See Instructions) Texas Woman's University
Date 11/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnsson, Inge Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$1.13
Principal occupation / Job title (See Instructions) Sales Director		Employer (See Instructions) Ericsson

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/17
2 FILER NAME Thompson, Ramona L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00082095
4 Date 11/14/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurgens, Gay 6 Contributor address; City; State; Zip Code Frisco, TX 75034	7 Amount of Contribution (\$) \$6.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/14/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurgens, Gay Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) marriage & family therapist		Employer (See Instructions) self
Date 10/28/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lagerblad, Robert Contributor address; City; State; Zip Code Corinth, TX 76210	Amount of Contribution (\$) \$1.13
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Merlin Automation Inc.
Date 11/05/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamb, Victoria Contributor address; City; State; Zip Code Frisco, TX 75036	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 10/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leaders, Ron Contributor address; City; State; Zip Code Vashon, WA 98070	Amount of Contribution (\$) \$2.27
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Contract Solutions Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/17
2 FILER NAME Thompson, Ramona L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00082095
4 Date 11/05/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowry, Mary Ann <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) ADHD life Coach		9 Employer (See Instructions) self
Date 10/29/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pope, Betty <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$1.14
Principal occupation / Job title (See Instructions) Admin. Specialist		Employer (See Instructions) Weatherford Int'l
Date 11/03/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUMBAUT, Miryam <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/05/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reder, Mary <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selby, Adam <hr/> Contributor address; City; State; Zip Code Denton, TX 76201	Amount of Contribution (\$) \$2.27
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) 88 Oak

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/17
2 FILER NAME Thompson, Ramona L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00082095
4 Date 10/31/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shipp, Jason <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75070	7 Amount of Contribution (\$) \$1.14
8 Principal occupation / Job title (See Instructions) Creative Director		9 Employer (See Instructions) Moroch Partners
Date 11/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Richard <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warach, Khurram <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Civil engineer		Employer (See Instructions) Atkins - SNC
Date 11/14/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendy, Wood <hr/> Contributor address; City; State; Zip Code Oakland, CA 94610	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) jackson, larry <hr/> Contributor address; City; State; Zip Code plano, TX 75075	Amount of Contribution (\$) \$1.14
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 10/17	2 FILER NAME Thompson, Ramona L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00082095
4 Date 11/20/2018	5 Payee name FirstBankCard	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 2818 Omaha, NE 68103-2818	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/23/2018	Payee name FirstBankCard	
Amount (\$) \$13,500.00	Payee address; City; State; Zip Code P.O. Box 2818 Omaha, NE 68103-2818	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2018	Payee name FirstBankCard	
Amount (\$) \$300.00	Payee address; City; State; Zip Code P.O. Box 2818 Omaha, NE 68103-2818	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 11/17	2 FILER NAME Thompson, Ramona L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00082095
4 Date 10/29/2018	5 Payee name The UPS Store	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 5605 FM 423 #500 Frisco, TX 75034	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rental
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/6 Rpt: 12/17	2 FILER NAME Thompson, Ramona L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00082095
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 11/25/2018	6 Payee name ActBlue Technical Services	
7 Amount (\$) \$32.18	8 Payee address; City; State; Zip Code 366 Summer Street Somerville, TX 02144-3132	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2018	Payee name Demsign	
Amount (\$) \$627.85	Payee address; City; State; Zip Code 1401 Harvest Glen Dr. Plano, TX 75074	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense materials
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/6 Rpt: 13/17		2 FILER NAME Thompson, Ramona L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00082095	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 11/20/2018		6 Payee name Dropbox			
7 Amount (\$) \$10.65		8 Payee address; City; State; Zip Code 185 Berry St. Ste. 400 San Francisco, CA 94107			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense storage	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/20/2018		Payee name Dropbox			
Amount (\$) \$10.65		Payee address; City; State; Zip Code 185 Berry St. Ste. 400 San Francisco, CA 94107			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense storage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/6 Rpt: 14/17	2 FILER NAME Thompson, Ramona L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00082095
---	---	---

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 Date 10/31/2018	6 Payee name Facebook
----------------------	--------------------------

7 Amount (\$) \$118.95	8 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025
---------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FB Ads
---------------------------	---	---

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 11/30/2018	Payee name Facebook
--------------------	------------------------

Amount (\$) \$139.18	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025
-------------------------	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ads
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

--	--	--	--

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/6 Rpt: 15/17	2 FILER NAME Thompson, Ramona L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00082095
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 12/27/2018	6 Payee name FirstBankCard	
7 Amount (\$) \$49.52	8 Payee address; City; State; Zip Code P.O. Box 2818 Omaha, NE 68103-2818	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2018	Payee name Hustle	
Amount (\$) \$38.79	Payee address; City; State; Zip Code 251 Kearny St San Francisco, CA 94108	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 5/6 Rpt: 16/17	2 FILER NAME Thompson, Ramona L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00082095
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 11/07/2018	6 Payee name Hustle	
7 Amount (\$) \$22.64	8 Payee address; City; State; Zip Code 251 Kearny St San Francisco, CA 94108	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texts
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2018	Payee name Hustle	
Amount (\$) \$1,112.94	Payee address; City; State; Zip Code 251 Kearny St San Francisco, CA 94108	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense texts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 6/6 Rpt: 17/17	2 FILER NAME Thompson, Ramona L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00082095
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 11/04/2018	6 Payee name The Texas Observer	
7 Amount (\$) \$0.99	8 Payee address; City; State; Zip Code 54 Chicon Street Austin, TX 78702	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2018	Payee name USPS	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 8811 Teel Parkway Frisco, TX 75034	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held